

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F09000002808

Entity Name: CELLULAR SPECIALTIES, INC.

Current Principal Place of Business:

670 NORTH COMMERCIAL ST
SUITE 202
MANCHESTER, NH 03101

Current Mailing Address:

670 NORTH COMMERCIAL ST
SUITE 202
MANCHESTER, NH 03101

FEI Number: 04-3358604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name GILBERT, RICHARD S.
Address 750 NORTH COMMONS DRIVE
City-State-Zip: AURORA IL 60504

Title PRESIDENT, DIRECTOR
Name GOODRICH, SCOTT T.
Address 670 NORTH COMMERCIAL STREET
SUITE 202
City-State-Zip: MANCHESTER NH 03101

Title VP
Name CREMONA, RICHARD
Address 750 NORTH COMMONS DRIVE
City-State-Zip: AURORA IL 60504

Title CFO, SECRETARY, DIRECTOR
Name MINICHIELLO, THOMAS P.
Address 750 NORTH COMMONS DRIVE
City-State-Zip: AURORA IL 60504

Title TREASURER, ASST. SECRETARY
Name FORSTER, AMY T.
Address 750 NORTH COMMONS DRIVE
City-State-Zip: AURORA IL 60504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY T. FORSTER

TREASURER

07/01/2014

Electronic Signature of Signing Officer/Director Detail

Date